



WHITMORE PARK PRIMARY SCHOOL

Halford Lane
Coventry CV6 2HG

Monday 29th January 2018

Dear Parents / Carers

Year 1 Trip to St Johns Museum

As part of your child's ongoing educational experience we have planned a trip to St Johns Museum. Unfortunately we have not received enough money to cover the cost of the visit. If enough money is not collected then the trip will have to be cancelled.

We are requesting a voluntary contribution of £14.50 per child by Friday 2nd February to cover the cost of the trip. We will not exclude any pupils from taking part in the trip because their parents cannot afford to contribute at a particular time. If this is the case, please make an urgent appointment to meet with Mrs McGibney in confidence.

This trip is a fantastic opportunity to enrich your child's learning experience and features workshops and historical items that we would be unable to fully replicate in school.

Thank you for your continued support.

Yours sincerely

Jacqueline McGibney
Head Teacher

IMPORTANT - CONTINUED OVER THE PAGE

Tel: 024 7633 5697

Email: Admin@WhitmorePark.org



Year 1 Trip to St Johns Museum – Tuesday 27th February 2018

Child's name:		Class:
YES	NO	I give my permission for my child to take part in the educational visit detailed above.
YES	NO	I have enclosed the voluntary contribution of £14.50.
YES	NO	I have paid the voluntary contribution online via School Gateway.
YES	NO	I am available to help on the day of the trip. Contact Name: _____ Contact Number: _____
YES	NO	My child has a medical condition (please include asthma) requiring regular medical treatment or medication. If yes, give brief details:
YES	NO	My child requires a school provided packed lunch at a cost of £2.00. (Please ensure that there are sufficient funds on your child's dinner money account to cover this) Please tick a choice of sandwich: Cheese [] Ham [] Tuna []
YES	NO	In the event of an emergency, I agree to my son/daughter receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
EMERGENCY CONTACT NAME (please list in order you wish them to be contacted in the event of an emergency)		Relationship to child:
1.		
2.		
Signed (parent or legal guardian):		Date: